

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213509087					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Rockwell Collins Flight Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2013</p> <p>SCC ID NO: F1850710</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>4,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	4,000	
CLASS	AUTHORIZED						
COMMON	4,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2925 BRIARPARK DR 7TH FLR</p> <p style="text-align: center;">CITY/ST/ZIP: HOUSTON, TX 77042</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENT STATLER TITLE: PRESIDENT ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KENT STATLER TITLE: PRESIDENT ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KENT STATLER TITLE: PRESIDENT ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARSHA SCHULTE TITLE: VICE PRESIDENT ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARSHA SCHULTE TITLE: VICE PRESIDENT ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARSHA SCHULTE TITLE: VICE PRESIDENT ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DOUGLAS E. STENSKE TITLE: VP/TREAS ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DOUGLAS E. STENSKE TITLE: VP/TREAS ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DOUGLAS E. STENSKE TITLE: VP/TREAS ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL COE TITLE: ASST SEC ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PAUL COE TITLE: ASST SEC ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: PAUL COE TITLE: ASST SEC ADDRESS: 400 COLLINS RD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PATRICIA A. NEMETH TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PATRICIA A. NEMETH TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: PATRICIA A. NEMETH TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS J. STANCZYK TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: THOMAS J. STANCZYK TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: THOMAS J. STANCZYK TITLE: ASST TREASURER ADDRESS: 400 COLLINS ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHADICK GARY SECRETARY 400 COLLINS RD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VAUGHN M. KLOPFENSTEIN ASST SECRETARY 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G. MANOR ASST SECRETARY 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK E. ALLEN DIRECTOR 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ VAUGHN M. KLOPFENSTEIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VAUGHN M. KLOPFENSTEIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/22/2013 DATE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					